

**APPLICATION FOR ADMISSION TO ROSTER OF MEDIATORS FOR FAMILY LAW CASES
THIRD JUDICIAL DISTRICT OF IOWA**

NAME:

FIRM/BUSINESS NAME:

FIRM BUSINESS STREET ADDRESS:

CITY:

STATE:

ZIP:

TELEPHONE NUMBER:

EMAIL:

Please list any mediation training you have attended, including the title of the program or course, where located, lead instructor, and number of hours completed:

<u>Title</u>	<u>Location</u>	<u>Instructor</u>	<u>Hours</u>
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Please list any other education or training you have attended IN THE LAST FIVE YEARS, including the title of the program or course, where located, lead instructor, and number of hours completed, that is relevant to the practice of family law mediation:

<u>Title</u>	<u>Location</u>	<u>Instructor</u>	<u>Hours</u>
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Please summarize your mediation experience:

Are you an attorney licensed to practice in Iowa or any other state? Yes No

If yes, please list the states and courts in which you are admitted to practice:

Hourly rate for mediation:

Do you conduct in-person mediation? Yes No

Do you conduct remote mediation?

If yes, by what means? Telephone Conference Videoconference Both

By my signature below, I certify that the information I have provided in this Application is true and correct to the best of my knowledge and belief. I also agree to accept no less than XXX pro bono and XXX reduced fee mediations per calendar year should I be accepted to the Roster of Mediators for Family Law Cases for the Second Judicial District of Iowa.

<u>Signature</u>	<u>Date</u>
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